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ABSTRACT

This resource guide represents findings from key government reports and research studies on substance abuse and prevention in rural communities. The initial section presents statistics related to drug and alcohol abuse in rural areas. Alcohol is by far the most widely abused drug in rural areas, whereas cocaine abuse appears to be less prevalent. The second section contains annotated listings of prevention materials for rural communities. The materials include books, journal articles, posters, and brochures of programs and organizations. Each entry provides the following information if available: (1) organization producing the material; (2) format; (3) length; (4) relation to other materials; (5) topic; (6) mode of delivery; (7) target audience; (8) program setting; (9) readability; and (10) availability. The third section contains citations and abstracts of studies, articles, and reports on rural communities. Topics include: (1) the relationship of drug abuse to crime; (2) indicators of rural youth drug abuse; (3) familial factors; (4) prevention programs; (5) sources of drug and alcohol information; (6) drinking and driving; (7) smokeless tobacco use; and (8) Native American youth and alcohol. The final page contains a list of groups, organizations, and programs that deal with the issue of drug and alcohol abuse. Names, addresses, phone numbers, and a contact person are also listed. (KS)

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Office for Substance Abuse Prevention

PREVENTION RESOURCE GUIDE

RURAL COMMUNITIES

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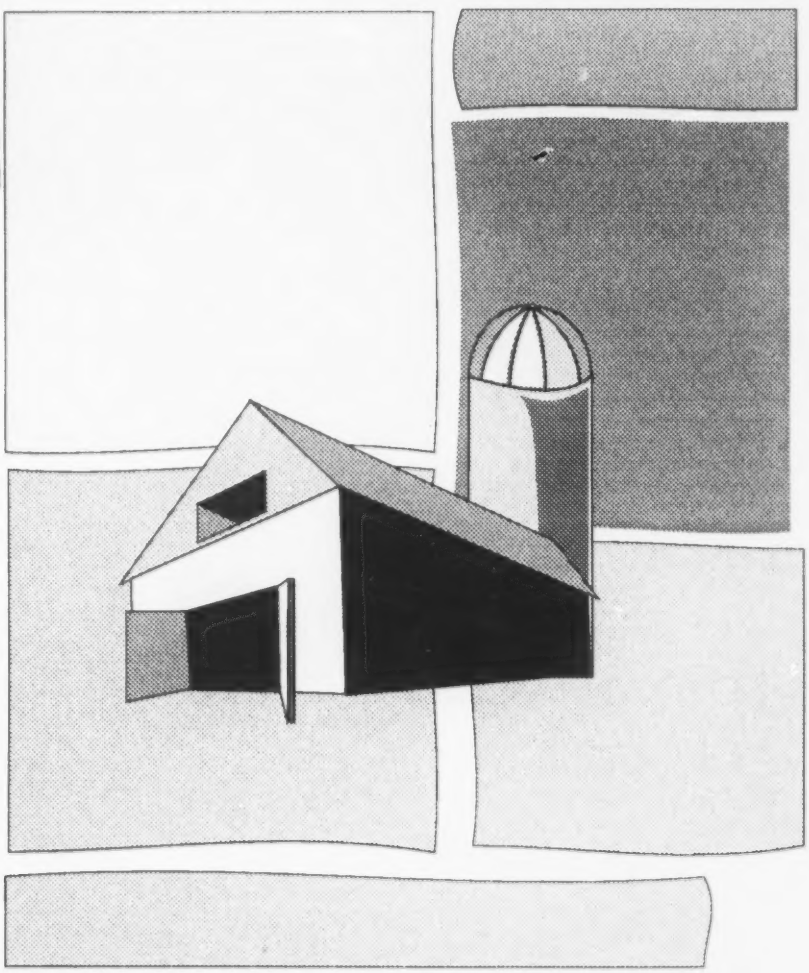

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This OSAP Prevention Resource Guide was compiled from a variety of publications and data bases and represents the most currently available information to date. This Guide will be updated regularly, and your comments or suggestions are welcome. To suggest information or materials that might be included in updated editions, please write to the **National Clearinghouse for Alcohol and Drug Information (NCADI), P.O. Box 2345, Rockville, MD 20852.** *The listing of materials or programs in this Resource Guide does not constitute or imply endorsement by the Office for Substance Abuse Prevention, the Public Health Service, or the Department of Health and Human Services.* The materials have been reviewed for accuracy, appropriateness, and conformance with public health principles.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

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Note to the Reader:

As prevention professionals enter the decade of the 1990s, it is important for them to challenge the pervasive misconceptions regarding the health status of rural populations. The data that do exist do not adequately document the physical and mental health condition, especially regarding the use of alcohol and other drugs, of the various rural communities in the United States.

The facts and figures presented in this Prevention Resource Guide represent findings from key Government reports and research studies on alcohol and other drug use in rural areas. While the data are not necessarily generalizable to all rural populations, it is useful for overall program planning to take these findings into consideration.

Produced by the National Clearinghouse for Alcohol and Drug Information, a service of the Office for Substance Abuse Prevention; Amy Lane, staff writer.

For further information on alcohol and other drugs, call 1-800-SAY-NO-TO (DRUGS) or 1-800-729-6686.

Please feel free to be a "copy cat," and make all the copies you want. You have our permission!

Facts & Figures on Rural Communities

- ✓ Alcohol is by far the most widely abused drug in rural areas.[1]
- ✓ Arrests for drug abuse violations in rural counties skyrocketed 54 percent from 1984 to 1988. In cities with a population of less than 100,000, arrests increased significantly, from close to 200,000 to 250,000.[2]
- ✓ Prevalence rates for cocaine appear to be lower in rural than nonrural areas. Prevalence rates for other drugs, such as inhalants, may be higher in rural areas than elsewhere.[3]
- ✓ Total alcohol and other drug abuse rates in rural States are about as high as those found in nonrural States.[4]
- ✓ More than ever before, cocaine and heroin use is found in rural areas. Arrests for cocaine and heroin, two of the most highly addictive drugs, rose by almost 20 percent in rural areas between 1984 and 1988.[5]
- ✓ Marijuana arrests are dropping but still outnumber cocaine arrests by 2 to 1 in rural areas.[6]
- ✓ Most prison inmates in rural States have abused alcohol, other drugs, or both.[7]
- ✓ Cocaine and opium have infiltrated the countryside. Cocaine and opium arrests have soared, increasing almost 20 percent in areas with populations under 100,000.[8]
- ✓ Advertising has a strong influence on youth all over America. Consumer-oriented media messages glamorizing alcohol and tobacco reach rural youth as well as urban youth.[9]
- ✓ Alcohol abuse treatment and arrests are higher in rural areas than in nonrural areas. In rural areas the rate is 1.4 percent and in nonrural areas it is 1.2 percent.[10]
- ✓ Eighteen percent of rural youth are non-White, in contrast to 32 percent of urban youth. In rural areas, 82 percent of youth are White, 11 percent are African American, 5 percent are Hispanic, and 2 percent are Asian or other.[11]

- ✓ Rural adolescents are less likely to be minorities, more likely to have both parents present, more likely to be poor in terms of absolute poverty levels, and more likely to live in the South.[12]

- ✓ Rural children as young as 11 and 12 are drinking as many as 14 to 18 beers as part of their Friday and Saturday nights out. Excessive drinking by young people is extremely dangerous because alcoholism occurs far more quickly in children and adolescents and can take root in as little as 6 to 18 months.[13]

- ✓ Snuff and chewing tobacco are being used more than ever before in rural areas by young men hoping to prove their "manhood." Many young men may begin using because of peer pressure and become addicted to the tobacco which causes mouth cancer, gum disease, and increased death rates.[14]

- ✓ Rural areas may be ideal for manufacturing "crank," an extremely dangerous form of injectable methamphetamine which causes hallucinations, heart attack, and sometimes death. "Crank" is manufactured in rural, isolated labs where its strong odor cannot be detected.[15]

- ✓ One-third of rural children have had their first drink on their own by the age of 10 according to results of a survey conducted in one small middle-Atlantic town.[16]

- ✓ It has been observed by several OSAP grantees that it is crucial that prevention occur in rural schools as opposed to other community settings because transportation is a hardship and youth are making their connections within school doors.[17]

- ✓ Although males begin drinking earlier and drink more frequently than females, women are catching up quickly, according to a study of 650 students in one rural town. Close to one-half of males have their first drink by age 10, while one-fifth, still an extremely high number, of females do. By the age of 14, 82 percent of males and 80 percent of females have their first drink.[18]

- ✓ For school-aged youth, the most powerful predictor of alcohol use is grade level. While 90 percent of 7th graders are light drinkers, by 12th grade, only 39 percent were light drinkers and 13 percent were heavy drinkers. Drinking in rural areas begins early and increases quickly.[19]

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Rockville, MD 20852

✓ A survey of 600 junior and senior high school students in northwest Ohio revealed that 69 percent had used alcohol at least once and that 27 percent reported drinking four or more drinks at a sitting. Approximately 19 percent had driven under the influence of alcohol and 35 percent had ridden in a car with an intoxicated school-aged driver; 35 percent had refused a ride from a friend who was intoxicated, while 43 percent had tried to stop a drunk friend from driving.[20]

✓ Rural youth in Michigan and Wisconsin were found to use alcohol at about three and a half times the rate of the national average for similar age groups.[21]

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1. Wargo, M.; Solomon, J.; and Oppenheim, J., et al., "The Extent of Substance Abuse in Rural Places," *United States General Accounting Office Report to Congressional Requestors, Rural Drug Abuse, Prevalence, Relation to Crime, and Programs*, September 1990, p. 24.
2. U.S. Department of Justice, FBI, *Crime in the United States*, Volumes: 1984, Table 25, pp. 164-165; 1985, 1986, Table 26, pp. 166-167; 1988, Table 26, pp. 170-171.
3. Wargo, M; Solomon, J.; and Oppenheim, J.; et al., Loc. cit.
4. Ibid, p. 24
5. U.S. Department of Justice, op. cit., Tables 25 and 26, pp. 164-171.
6. Kelly, J., *USA Today*, December 20, 1989, p. 23. Based on data disseminated by the U.S. Department of Justice's Bureau of Justice Statistics.
7. Wargo, M.J., "Substance Abuse and Crime in Rural Places," *United States General Accounting Office Report to Congressional Requestors, Rural Drug Abuse, Prevalence, Relation to Crime, and Programs*, September 1990, p 35.
8. U.S. Department of Justice, op. cit., Tables 25 and 26, pp. 164-171.
9. U.S. Department of Health and Human Services, *Surgeon General's Workshop on Drunk Driving, Background Papers*, December 1988, 1989, p. 4.
10. Butynski, W.; Canova, D.; and Jenson, S.; *State Resources and Services Related to Alcohol and Drug Abuse Problems, Fiscal Year 1988: An Analysis of State Alcohol and Drug Abuse Profile Data*, a report for the National Institute on Drug Abuse (Washington, DC: National Association of State Alcohol and Drug Abuse Directors, 1989) pp. 22 and 36; arrest data in U.S. Department of Justice, *Crime in the United States, 1988* (Washington, DC: Federal Bureau of Investigation, 1989); and U.S. Department of Justice, unpublished data, Federal Bureau of Investigation, 1990.
11. Mc Manus, M.A., and Newacheck, P.W., "Rural Maternal, Child and Adolescent Health," *Health Services Research* 23(6), 1989.
12. Ibid.
13. Amatetti, S., "The Impact of Alcohol and Other Drug Use and the Importance of Prevention," *Prevention Plus II, Tools for Creating and Sustaining Drug-Free Communities*, Office for Substance Abuse Prevention, 1989, p. 6. Originally compiled by the American Psychiatric Association.
14. Centers for Disease Control, Office on Smoking and Health, *Smoking Tobacco and Health, A Fact Book*, Pub. No. CDC87-8397, 1989, p. 18. The data represented here was gathered by the Economic Research Service of the U.S. Department of Agriculture.
15. Kelly, Loc. cit.
16. Gibbons, S.; Wylie, M.; Echterling, L.; and French, J., *Patterns of Alcohol Use Among Rural and Small Town Adolescents*, Abstract from Adolescence, Vol XXI No. 84, 1986, p. 892. Based on the Student Alcohol Inventory which was administered to 650 students in grades 7-12 in a small, middle-Atlantic town and surrounding county.

17. U.S. Department of Education, *What Works-Schools Without Drugs*, 1989, p. 2, and Goplerud, E., *High Risk Youth Update*, Vol 2, Number 3. Associate Consultants Inc. under contract for the Office for Substance Abuse Prevention, ADAMHA, U.S. Department of Health and Human Services, June 1989, p. 9.
18. Gibbons, Wylie, Echterling, and French, op. cit., p. 896.
19. Ibid, p. 897.
20. Sarvela, P.D.; Newcomb, P.R.; and Duncan. D.F., "Drinking and Driving Among Rural Youth," *Health Education Research*, 1988, pp. 197-201. Based on prevalence data collected from 622 junior and senior high school students concerning drinking and driving among rural youth.
21. Sarvela, P.D., and McClendon, E.J., "Impact Evaluation of a Rural Youth Drug Education Program," *Journal of Drug Education*, 1987, pp. 213-231.

For further information, write to NCADI, P.O. Box 2345
Rockville, MD 20852

Prevention Materials for Rural Communities

The materials listed in OSAP's Prevention Resource Guides have been reviewed for scientific accuracy based on the latest available scientific findings; appropriateness for the target audience as described by the developers of the materials; and conformance to public health principles and related policies. The underlying guidelines used for the review of materials are first and foremost based on the principle of "do no harm." All materials contain a clear non-use (of nicotine, alcohol, and other drugs) message for youth. *The listing of these materials, however, does not imply Government endorsement or approval of the message(s) or material(s).*

Happy Hill Farm

Mills, D., and Deutsch, C.

Organization: CASPAR Alcohol Education Program

Format: Book

Length: 12 Pages

Context: Stands Alone and Part of a Packet/Program

Topic: Alcohol

Mode of Delivery: Self-Instructional

Target Audience: Elementary Youth—5-12 and Preschool—Age 4 and Under

Setting: Home, School

Readability: Easy

Availability: Payment Required: $.50 each, $.40 for orders over 100; CASPAR Alcohol Education Program, 226 Highland Avenue, Somerville, MA 02143; 617-623-2080

The animals at the Happy Hill Farm are upset when Farmer Gray starts neglecting them due to his alcoholism. The veterinarian explains that the animals are not at fault, rather, Farmer Gray has a disease and needs treatment.

... And Then It Rains

Miller, L.L.

Format: Script

Length: 55 Pages

Context: Stands Alone

Topic: Alcohol

Mode of Delivery: Self-Instructional

Target Audience: High-Risk Youth, COA and Other

Setting: Community Organization, Home

Readability: Easy

Availability: Lisa Lee Miller, 401 Heckory Hill, Chagrin Falls, OH 44022; 216-247-9002. $11.95 per copy. Royalty fee for performance.

This script is about a mother who is an alcoholic, and her daughter. The script starts when the daughter is 30 years old and hasn't seen her mother for a long period of time. Her mother is in town for her father's funeral. The mother asks the daughter for her forgiveness for not being a responsible mother, but the daughter is unwilling to accept her apology.

How Is It That Steady Drug Traffic Can Exist in a Town With Only One Light

Organization: Partnership For a Drug Free America

Format: Poster

Context: Part of a Packet/Program

Topic: Alcohol/Drugs and Prevention

Mode of Delivery: Self-Instructional

Target Audience: Employers, General Public, and Parents

Setting: Home, Worksite, Public Areas

Readability: Easy

Availability: Payment Required: $20 donation for a kit; Partnership for a Drug Free America, 666 Third Avenue, New York, NY 10017.

On this poster a young adult is handing an individual in a pick-up truck a bag of marijuana. The bottom of the poster says that drugs are no longer a big city problem. Drugs are present in small towns as well.

Youth Is a Time of Testing Limits, of Reaching New Horizons

Organization: Juvenile Division of the Marion County Prosecutor's Office

Format: Brochure

Length: 10 Pages

Context: Stands Alone

Topic: Alcohol and Alcohol/Drugs

Mode of Delivery: Self-Instructional

Target Audience: General Public

Setting: Community Organization, School

Readability: Fairly Difficult

Availability: Free. Juvenile Division of the Marion County Prosecutor's Office, Attn. Lisa Slebonik, 2375 N. Keystone Avenue, Indianapolis, IN 46218; 317-924-7544.

Brochure describes youth programs and services available through the Marion County Prosecutor's Office. It also describes the Governor's Task Force to reduce impaired driving. Provides examples of programs that counties should strive for.

S.H.O.P. - Students Helping Other People

Organization: Howard County Health Department, Alcohol and Drug Counseling Center

Year: 1987

Format: Brochure

Length: 6 Pages

Context: Stands Alone

Topic: Prevention

Mode of Delivery: Self-Instructional

Target Audience: Jr. High Youth and Sr. High Youth

Setting: School

Readability: Average

Availability: Available free through Howard County Addiction Services, Prevention Unit, 3545 Ellicott Mills Drive, Ellicott City, MD 21043; 301-465-0127.

The Howard County Youth Prevention Group, S.H.O.P., gives information on their program and its goals. A resource guide for youth is also included. Provides an example of how rural communities can set up peer counseling programs.

Preventing Alcohol and Other Drug Problems Among Teenagers: Friday Night Live

Kooler, J.

Organization: California Friday Night Live Office

Format: Communications Package

Length: 10 Pages

Context: Stands Alone and Part of a Packet/Program

Topic: Alcohol/Drugs and Prevention

Mode of Delivery: Self-Instructional

Target Audience: Sr. High Youth

Readability: Easy

Availability: Available free through California Friday Night Live Office, Attn. Paul Wyatt, 1700 K Street, Sacramento, CA 95814; 916-445-7456.

The Friday Night Live program encourages teenagers not to use alcohol or drugs, and it provides them with alternative ways to channel their energy and have a good time. Describes the different programs that are offered and lists the Friday Night Live County Coordinators' names, offices, addresses, and telephone numbers. The "Friday Night Live" program can be easily adapted for use in rural communities. Contact the coordinator to learn more about how they started and implemented this successful program.

• Say Nope to Dope

Organization: Allen-Martin Productions, 9701 Taylorsville Road, Louisville, KY 40299; 502-267-9658

Sponsor/Endorser: Chartertown Hospital

Format: 3/4" Video and Radio PSA

Length: 20 Minutes or 30 Seconds

Context: Stands Alone

Topic: Drugs and Prevention

Mode of Delivery: Mass Media

Target Audience: Elementary Youth, Jr. High Youth, and Sr. High Youth

Availability: $29 per copy; Jefferson County Public School System, Attn. Cyril Wantland, Louisville, KY 40204; 502-473-3260

Filmed with students from the Jefferson County, Kentucky, public schools, this upbeat music video carries the message "Say Nope to Dope" in order to succeed and to be cool. Also contains several radio and T.V. public service announcements

Studies, Articles, & Reports on Rural Communities

Government Publications and Journal Articles

Rural Drug Abuse: Prevalence, Relation to Crime, and Programs

Wargo, M.J.; Solomon, J.; Oppenheim, J.; Sharma, S.; and Rom, M.

Report, General Accounting Office, Washington, DC, 1990.

(Reprints available from U.S. General Accounting Office, P.O. Box 6015, Gaithersburg, MD 20877.)

This report, written at the request of five U.S. senators, examines the extent and the effects of the drug crisis in rural areas of the United States. The researchers defined substance abuse as involvement with illegal drugs, illegal use of drugs, and drug use linked to other criminal activity or needing treatment. The research data show that total substance abuse rates in rural states are about as high as in nonrural states; of all substances, alcohol is by far the most widely abused; and the difference between rural and nonrural areas is that prevalence rates for some drugs (such as cocaine) appear to be lower in rural areas, while prevalence rates for other drugs (such as inhalants) may be higher. Other findings: rural areas have arrest rates for substance abuse violations that are as high as those in nonrural areas; most prison inmates in rural states have abuse alcohol, other drugs, or both; and the prevalence of substance abuse among inmates completely overwhelms available treatment services. For purposes of this study, a rural state is defined as one of 18 states with a population density of 50 persons or fewer per square mile. These are: Alaska, Arkansas, Arizona, Colorado, Idaho, Iowa, Kansas, Maine, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, and Wyoming. 48 Ref.

Indicators of Rural Youth Drug Use

Sarvela, P.D., and McClendon, E.J.

Journal of Youth and Adolescence 17(4):335-347, 1988.

The relationships between personal substance use, health beliefs, peer use, sex, and religion were studied in rural adolescents. The study sample included 265 students in seventh grade classes of two school systems, one in Michigan and one in Wisconsin, who responded to a self-report questionnaire. A positive relationship was found between peer and personal drug use, and between health beliefs and personal sub-

stance use. However, the data suggest that adolescents may behave in a manner consistent with belief structures with certain drugs but inconsistently with other drugs. Additionally, the data support the finding that sex differences in substance use behaviors are diminishing. 40 Ref.

Early Adolescent Alcohol Abuse in Rural Northern Michigan

Sarvela, P.D., and McClendon, E.J.

Community Mental Health Journal 23(3):183-191, 1987.

Alcohol abuse by adolescents in rural Northern Michigan was assessed. The study group included 181 middle school students in Michigan's Upper Peninsula during May 1982, who responded to an anonymous questionnaire. The study findings suggest that alcohol misuse increased with age; alcohol misuse in this region is above the national average; that there are no differences in consumption rates between male and female problem drinkers in this region; and that females have higher rates of guilt feelings than males concerning their drinking behavior. It is concluded that health education/alcohol use prevention programs should be implemented no later than the sixth grade. 27 Ref.

Familial Factors Related to Rural Youth Drinking Practices

Newcomb, P.R., and Sarvela, P.D.

Human Services in the Rural Environment 12(1):6-10, 1988.

Information concerning the marital status of parents, parental drinking problems, and youth drinking practices are discussed. The study sample included 622 junior and senior high school students in a rural northwest Ohio county who responded to a student-administered anonymous questionnaire. The study results revealed that 66 percent of the students had used alcohol at least once, 50 percent had been intoxicated at least once, and 10 percent noted problems resulting from parental drinking. It is concluded that familial factors, including parental drinking behavior, contribute to the drinking behavior of these rural youth. In addition, family structure appears to be related to youth perceptions, with youth from broken families reporting a higher incidence of parental drinking problems. 23 Ref.

Drug Prevention in Junior High: A Multisite Longitudinal Test

Ellickson, P., and Bell, R.M.

Science 247(4948):1299-1305, 1990.

Results from a longitudinal experiment to curb drug use during junior high school attendance indicate that education programs based on a social-influence model can prevent or reduce young adolescents' use of cigarettes and marijuana. This multisite experiment involved the entire seventh-grade cohort of 30 junior high schools drawn from eight urban, suburban, and rural communities in California and Oregon. Implemented between 1984 and 1986, the curriculum's impact was assessed at 3-, 12-, and 15-month follow-ups. The program, which had positive results for both low- and high-risk students, was equally successful in schools with high

and low minority enrollment. However, the program did not help previously confirmed smokers and its effects on adolescent drinking were short-lived. 32 Ref.

Sources of Drug and Alcohol Information Among Rural Youth

Sarvela, P.D.; Newcomb, P.R.; and Littlefield, E.A.

Health Education 19(3):27-31, 1988.

Research was conducted to identify the sources of drug and alcohol information of rural youth in order to establish baseline information to use in the design and development of effective rural drug and alcohol abuse prevention programs. Data were collected from usable questionnaires returned by 555 junior and senior high school students in rural northwest Ohio. The average age of the students was 15 years. The sample was 51 percent female and 49 percent male. Students provided demographic information such as age, sex, and grade, as well as sources of their information about alcohol and drugs, and listed their actual experiences with alcohol and drugs. The information sources identified most often by the study population were the media and teachers at school (18.8 percent each); next most common were close friends (11.2 percent), personal experiences (7 percent), and parents (6.9 percent). Only 2.9 percent named siblings or alcohol and drug agency personnel as their primary information source. Of the sample, 23.2 percent cited "other" as a potential information source. A proportion of 17.8 percent replied that they did not know much about drugs and alcohol. No major differences were found between the information sources cited by males and those cited by females. Differences in information sources by grade level and between users and nonusers are discussed. 24 Ref.

Rationales for the Use of Alcohol, Marijuana, and Other Drugs by Eighth-Grade Native American and Anglo Youth

Binion, A., Jr.; Miller, C.D.; Beauvais, F.; and Oetting, E.R.

International Journal of the Addictions 23(1):47-64, 1988.

(Reprints available from C. Dean Miller, Psychology Department, Colorado State University, Fort Collins, CO 80523.)

This study examined rationales for alcohol, marijuana, and other drug use among Indian and non-Indian youth. Data were examined for 144 Indians and 377 non-Indians relating to alcohol, for 133 Indians and 144 non-Indians on marijuana, and for 56 Indians and 86 non-Indians on other drugs. Differences were found between reservation Indian and rural non-Indian rationales for alcohol, marijuana, and other drug use. A majority of both Indian and non-Indian eighth graders indicate that they use drugs to enhance positive affective states, for excitement, for parties, to be with friends, to relax, and to handle negative affective states, including worries and nervousness. Indian youth appear to also use drugs to cope with boredom. Unlike non-Indian youth, Indian youth have no strong rationales for their use of other drugs. Interventions will have to be impactful and pervasive in order to counter the many positive and negative rationales associated with drug use. 17 Ref.

Alcohol and Drug Use: A World Perspective

Grant, M.

Australian Drug and Alcohol Review 6(4):289-292, 1987.

The current world situation with respect to alcohol and drug abuse is summarized. Each major substance of abuse is described and an indication of the current global trends given. The implications of those trends are then discussed from a public health perspective. Figures are provided for use of raw opium, cocoa and cocaine, amphetamines, cannabis, hallucinogens, khat, barbiturates, sedatives and tranquilizers, volatile solvents, alcohol, and tobacco. Two different trends of drug use are described: (1) traditional patterns of drug use with a history of many centuries behind them and a high degree of integration with everyday life of adult, mostly rural, populations; destabilization may have led to the establishment of new more hazardous patterns of multiple drug use; and (2) the modern drug wave, starting in the early 1960s in the highly industrialized countries and affecting primarily urban and semi-urban youth but spreading to more and more countries in all regions of the world; within this trend, a speedy increase of multiple drug use, with a variety of rapid changes in consumption patterns, is now seen. While cigarette smoking and psychoactive substance abuse may be leveling off, the illegal drug with the highest annual rate of increase in use is cocaine. It is noted that public health consequences will include a global increase in alcohol-, multiple-drug-, tobacco-, and cocaine-related morbidity. It is also important to take into account the rate of Acquired Immunodeficiency Syndrome (AIDS) morbidity among intravenous drug abusers. It is, however, suggested that it is important to be sure that the real scale of the problem is observed and that attention is not diverted from other serious health and social issues. 6 Ref.

Drinking, Drug Use, and Driving Among Rural Midwestern Youth

Sarvela, P.D.; Pape, D.J.; Odulana, J.; and Bajracharya, S.M.

Journal of School Health 60(5):215-219, 1990.

(Reprints available from Paul D. Sarvela, Department of Health Education, College of Education, Southern Illinois University, Carbondale, IL 62901.)

Data concerning self-reported driving after drinking or using other drugs were collected from 3,382 junior and senior high school students in rural central and southern Illinois. Drinking, drug use, and driving increased steadily with age, with 42 percent of the 12th grade class indicating they had driven a car at least one time in the past six months after drinking or using other drugs. Riding with a driver who had been drinking also increased with age: 20 percent of the seventh-grade sample had ridden in a car with a drinking driver, while 58 percent of the 12th grade sample reported having done so. Slightly more females had ridden in a car with a driver who had been drinking than males, while males reported higher rates of driving after drinking or using other drugs than females. Correlation analyses indicated 22 variables related significantly to drinking, drug use, and driving. Forward stepwise multiple regression analysis showed that 11 variables related significantly to riding as a passenger with a drinking driver. Thirteen variables were related significantly to driving after drinking or using other drugs. Frequency of alcohol

use variables were the most powerful indicators of self-reported driving after drinking or using other drugs in this sample.

Drinking and Driving Among Rural Youth

Sarvela, P.D.; Newcomb, P.R.; and Duncan, D.F.

Health Education Research 3(2):197-201, 1988.

(Reprints available from Paul D. Sarvela, Department of Health Education, College of Education, Southern Illinois University, Carbondale, IL 62901.)

Data concerning rural youth drinking and driving practices were collected from 622 junior and senior high school students in northwest Ohio, utilizing an ex post facto cross-sectional survey-research design. The results suggested that 69 percent of the sample had used alcohol at least once. With regard to quantity of alcohol use, about 27 percent reported drinking four or more drinks at a sitting. Approximately 19 percent of the sample had driven under the influence of alcohol and 35 percent had ridden in a car with an intoxicated school-aged driver; 35 percent had refused a ride from a friend who was intoxicated, while 43 percent had tried to stop a drunk friend from driving. No significant differences were found between males and females regarding drinking and driving, but grade level was a significant moderating factor. As grade level increased, the frequency of each alcohol-related behavior increased substantially (P 0.01). This paper presents prevalence data concerning drinking and driving among rural youth as well as recommendations for community health education program development.

Smokeless Tobacco Use Among Adolescents: Correlates and Concurrent Predictors

Botvin, G.J.; Baker, E.; Tortu, S.; Dusenbury, L.; and Gessula, J.

Journal of Developmental and Behavioral Pediatrics 10(4):181-186, 1989.

(Reprints available from Gilbert J. Botvin, Cornell University Medical College, 411 East 69th Street, KB-201, New York, NY 10021.)

Seventh-grade students (n = 1,539) from three regions of New York State were surveyed to determine the prevalence of smokeless tobacco use and its relationship to seven background variables, 13 substance use variables, and 19 psychosocial variables. Significant correlations with smokeless tobacco use were found within each of these variable domains. Concurrent predictors for each domain were determined using logistic regression analysis. The resulting three models were combined in a stepwise fashion in an effort to determine the most complete prediction model. The final model indicated that individuals at the highest risk for using smokeless tobacco were rural males who smoked more than four cigarettes in their lifetime, were more heavily involved with alcohol, had a lower degree of assertiveness and social anxiety, and had reported eating as a coping response. Implications for prevention are discussed.

Me-ology Drug Prevention Program: Studying an Initial Effect

Pendegrass, R.A., and Brown, K.Y.

Journal of Alcohol and Drug Education 33(2):81-83, 1988.

The Me-ology Drug Prevention Program, piloted in Ohio among rural and small town, sixth-grade students for 17 weeks during the 1984-1985 school year, places an emphasis on teaching students how to make decisions and to act for themselves. The need for positive self-esteem, for being an individual, and understanding peer pressure are all ingredients of the program. Pre- and post-tests were given to measure: (1) decisionmaking process; (2) alcohol; (3) drugs; and (4) tobacco. The Me-ology Program was successful in giving these sixth graders an expanded knowledge base. Additionally, they learned what it means to say no and some ways to do that.

New Holstein Student Assistance Program

Wieser, J.

Student Assistance Journal 1(1):23-26, 1988.

A student assistance program in the New Holstein, Wisconsin, school district is described. It is located in a rural area and serves 1,500 students in grades K-12. Specific program goals with regard to students, school staff, parents, and the community are outlined. Special training workshops and funding provided to facilitate these goals are discussed. The program offers identification, assistance, referral, and support services for students with problems related to the use of alcohol or other drugs. Three kinds of support groups are available to students with alcohol or drug use problems: use/abuse groups, concerned persons groups, and aftercare groups. This program serves as a viable alternative to strict disciplinary codes that too often result in dropouts, expulsions, and the loss of educational opportunities.

Impact Evaluation of A Rural Youth Drug Education Program

Sarvela, P.D., and McClendon, E.J.

Journal of Drug Education 17(3):213-231, 1987.

Drug use prevalence rates and health beliefs of 265 youth in rural northern Michigan and northeastern Wisconsin were studied and an impact evaluation examined the effects of a mixed affective-cognitive drug education program on sixth and seventh grade students' substance use health beliefs and behaviors. A nonequivalent control group evaluation design was utilized. The data suggested that alcohol use in this population was about three and a half times greater than national averages for similar age groups. Marijuana, cigarette, and cocaine use were equal to national rates. The treatment group did not have lower substance use rates or more favorable health beliefs than the comparison group at the conclusion of the program. 41 Ref.

Other Publications

Survey of Rural Nebraska Youth Concerns

Cohen, J.

Kearney, NE: South Central Comprehensive Community Mental Health Center, 1987.

For further information, write to NCADI, P.O. Box 2345
Rockville, MD 20852

(Reprints available from the National Clearinghouse for Alcohol and Drug Information, Box 2345, Rockville, MD 20852.)

The extent of student alcohol and drug involvement was assessed. The study sample included 1,503 high school students in six small rural Nebraska schools and one larger school located in a medium-sized trade center. The students responded to a 45-item questionnaire with three additional questions relating to psychological states, family and peer relationships, general adjustment, and areas of worry. The study results revealed that 1,485 students reported on their drinking behavior; 59 percent of these students said they drank, and of these, 25 percent consumed over seven drinks weekly. An additional 1,448 students reported on their use of drugs; of these students, 10.5 percent reported using drugs, and of these, 22 percent reported they used drugs on a daily basis. The largest school had the biggest percentage of alcohol and drug users, 67 and 14.9 percent, respectively, of students. For all students, the reasons given for abuse of alcohol and drugs included inability to control oneself and one's life demands, family finances, pressure, depression, and hopelessness.

Drug Dependence and Alcoholism, Volume 2: Social and Behavioral Issues

Schecter, A.J., ed.

New York: Plenum Press, 1981.

(Reprints available from Plenum Press, 233 Spring Street, New York, NY 10013.)

Conference papers on topics related to cultural and behavioral issues in drug dependence and alcoholism are published in these conference proceedings under these section headings: minorities and special needs; rural and urban issues; prevention; training, education, and credentialing; vocational rehabilitation; managerial and administrative issues; sociology of drug abuse; public policy; and miscellaneous. An index is provided.

Drug and Alcohol Use Prevention: Utility and Effectiveness with Rural Fifth-Grade Students

Blau, G.M.

Ph.D. diss., Auburn University, Montgomery, AL, 1990.

(Reprints available from UMI, 300 North Zeeb Road, Ann Arbor, MI 48106. Refer to Order # DA 8918773.)

The purpose of this investigation was to determine the short- and long-term effectiveness of drug and alcohol use prevention programs with rural fifth-grade students. Five classrooms (approximately 115 children) from Pike County, Alabama, were randomly assigned to one of five treatment conditions. These conditions were a nontreatment group, a placebo discussion group, a drug and alcohol education group, an assertiveness training group, and an interpersonal problem-solving group. The eight sessions for these programs (with the exception of the nontreatment group) were held once a week for one hour. Pretest scores were obtained one week prior to the start of the first session, posttest scores were obtained three weeks after the completion of the final session, and follow-up scores were obtained one year after the completion of the final session. The short- and long-term effectiveness of these interventions were compared by

using hierarchical regression analyses and analyses of variance. The results for the short-term evaluation indicated that all programs reduced children's likelihood to use drugs compared to the control procedures.

Native American Youth and Alcohol: An Annotated Bibliography

Lobb, M.L., and Watts, T.D.

New York: Greenwood Press, 1989.

(Reprints available from Greenwood Press, 88 Post Road West, Westport, CT 86881.)

Current and relevant publication on Indian youth and alcohol are described in this annotated bibliography, which is preceded by a 35-page review of the literature included. Headings within this book include: (1) introduction and review of the literature; (2)accidental death; (3)biomedical factors; (4) crime; (5) etiology; (6) gender; (7) policy and prevention; (8) reservations; (9) sociological factors; (10) suicide; (11) treatment; and (12) urban vs. rural. The book includes both subject and author indexes.

Search for Structure: A Report on American Youth Today

Ianni, F.A.J.

New York: The Free Press, A Division of Macmillan, Inc., 1989.

(Reprints available from C. Dean Miller, Psychology Department, Colorado State University, Fort Collins, CO 80523.)

The author presents a report on the influences shaping American teenagers' behaviors, identities, and aspirations. Francis Ianni observed and conducted interviews with thousands of adolescents in urban, suburban, and rural communities. He presents close-ups of two communities, for which he uses the pseudonyms "Southside" and "Sheffield." The author says that in communities beset by conflict, poverty, and despair, young people often become discouraged, confused, or cynical. Ianni argues that, to reclaim America's youth, adults must become actively concerned and involved in young lives. He offers ways that adults can offer support and guidance to young people, including mentoring programs, career internships, cooperative linkages between schools and employers, and community programs for juvenile offenders. 276 Ref.

Groups, Organizations, & Programs

National 4-H Council
7100 Connecticut Avenue
Chevy Chase, MD 20815
(301) 961-2800
Contact: Jean Cogburn

National Rural Health Association
301 E Armour Boulevard., Suite 420
Kansas City, MO 64111
(816) 756-3140
Robert Van Hook, Executive Director

Hazelden Services, Inc., Community & Professional Education
1400 Park Avenue
Minneapolis, MN 55404
(612) 349-4310 (800) 257-7800
Contact: Information Specialist

National Association of State Alcohol & Drug Abuse Directors
444 North Capitol Street, NW, Suite 642
Washington, DC 20001
(202) 783-6868
Contact: Director, Prevention Services

America's Drug Abuse Prevention Team (ADAPT)
1001 D Street
San Rafael, CA 94901
(415) 457-3663

National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20852
(301) 468-2600
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1-800-729-6686

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c/o Arts and Sciences Outreach
University of Wisconsin
Eau Claire, WI 54702-4004
(715) 836-2031

Rural Information Center
U.S. Department of Agriculture
National Agricultural Library
10301 Baltimore Boulevard
Beltsville, MD. 20705-2351
1-800-633-7701
(301) 344-5077

Office of Rural Health Policy
5600 Fishers Lane
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ERIC Clearinghouse on Rural Education and Small Schools
Appalachia Educational Laboratory
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